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Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/709,345 | FILING OR 371(c)<br>DATE<br>04/29/2004<br>RULE | CLASS<br>455 | GROUP ART UNIT<br>2618 | ATTORNEY<br>DOCKET NO.<br>U04.0033.84 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/28/2004

|   |                        |                        |                       |                            |
|---|------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>NC | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>45 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><br>Verified and Acknowledged <br>Examiner's Signature Initials |                        |                        |                       |                            |

## ADDRESS

24239

## TITLE

DEVICE AND METHOD FOR HANDS-FREE PUSH-TO-TALK FUNCTIONALITY

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1592 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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